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PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	7,000,616
	Issue Date	8/2/20/2006
	First Named Inventor	R. Gary Diaz
	Title	Wound Care? Suspension System
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	R. Gary Diaz				
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I am the:

☒ Inventor, having ownership of the patent.

OR

☐ Patent owner.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Inventor or Patent Owner

Signature	R. Gary Diaz	Date	28 Jan. 2010
Name	Robert Gary Diaz	Telephone	847 681 9866
Title and Company			

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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